

Case Number:	CM15-0090533		
Date Assigned:	05/15/2015	Date of Injury:	07/15/2010
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 55-year-old who has filed a claim for chronic shoulder, neck, and low back pain reportedly associated with an industrial injury of July 15, 2010. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve request for Norco, Valium, and Soma. Partial approvals were apparently issued for weaning for tapering purposes. A RFA form received on April 17, 2015 was referenced in the determination, as was a progress note of April 14, 2015. The applicant's attorney subsequently appealed. On December 8, 2014, the applicant received shoulder corticosteroid injections nine and half months removed from an earlier left shoulder arthroscopy procedure. 7/10 pain complaints were noted, exacerbated by sleeping, lying down, reaching overhead, and lifting. Weakness and popping about the shoulder were evident. The applicant was given a seemingly proscriptive limitation of "no use of left arm," resulting in the applicant's removal from the workplace, the treating provider acknowledged. On January 20, 2015, it was again acknowledged that the applicant was not working owing to ongoing shoulder pain complaints. 3/10 pain with medications versus 7 to 10/10 without medications was reported. The applicant was using Norco, Valium, Soma, Naprosyn, Prilosec, and tramadol, it was stated. The attending provider suggested that the applicant employ Pamelor for persistent insomnia and attempt to taper or discontinue Valium. On April 14, 2015, the applicant reported multifocal complaints of low back and bilateral shoulder pain, 8/10 with medications versus 10/10 without medications. The applicant was using Naprosyn, tramadol, Prilosec, Soma, Valium, and Norco, it was reported. The applicant was overweight with a BMI of 28. Multiple medications were renewed, without much discussion of

medication efficacy. Activities of daily living as basic as sitting and walking remained problematic, the treating provider acknowledged. The applicant's permanent work restrictions were renewed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, as listed on several occasions above. The applicant did not appear to be working following imposition of permanent work restrictions, it was suggested on several occasions and explicitly stated on others. While the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 8/10 with medications on the April 14, 2015 office visit at issue, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's reports that the applicant was having difficulty performing activities of daily living as basic as sitting and walking. Therefore, the request is not medically necessary.

Valium 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Valium, an anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Valium may be employed for "brief periods" in cases of overwhelming symptoms, here, however, the attending provider seemingly suggested that the applicant was using Valium for nightly use purposes, for sedative effect. This is not, however, an ACOEM-endorsed role for the same. It is further noted, somewhat interestingly, that the attending provider wrote on January 20, 2015 that he intended for the applicant to wean, taper, and discontinue Valium. Therefore, the request is not medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Finally, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioids agent. Here, the request was framed as a renewal or extension request for Soma; the applicant had seemingly been using the same for a minimum of several months. The applicant was also concurrently using Norco, a short-acting opioid. Continued usage of Soma, thus, was incompatible with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.